



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
WIC AND NUTRITION SERVICES
APPLICATION FOR THE MISSOURI WIC APPROVED FOOD REVIEW

The application must be postmarked
by November 15, 2004.

Cereal

PART 1. Applicant Use (This form must be completed for each product to be reviewed.)

Name of Product (Print the name which is used for assigning UPC codes)	Name of Brand
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List UPC Codes for All Sizes

Please check one. This product is a:

☐ Nationally Advertised Brand ☐ Wholesale/Private Label ☐ Grocery Store Brand ☐ Other (Specify) _____

Name of Company That Submitted This Product	Contact Person
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Please check all that apply. Your company is a:

☐ Manufacturer ☐ Wholesaler ☐ Distributor ☐ Grocery Store ☐ Other (Specify) _____

Mailing Address	City	State	Zip Code
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Phone	Fax	E-mail
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1	Size of Box (List all sizes)	ounce (oz.)/box # of packets/box
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2	Serving Size	Grams (gm)/serving oz. / serving
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3	Sucrose/Other Sugar Content	gm/100 gm of dry cereal
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4	Iron Content	mg/100 grams of dry cereal
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5	Suggested Retail Price (List prices for all sizes.)	
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6	Does this cereal contain non-nutritive sweeteners? <input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, please list the name of the non-nutritive sweetener used.
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Signature of Applicant (R)	Date
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PART 2. If you are a manufacturer, please list contact information on wholesalers/distributors of this product for Missouri. (Please use the backside of this form, if additional space is needed.)

Name of Wholesaler/Distributor	Contact Person	Phone Number	Fax Number

PART 3. Missouri WIC Program Use Only

Your product has been approved for the Missouri WIC Program. ☐ Yes ☐ No

Reasons for Disapproval

Signature of Person Who Evaluated the Application (R)	Title	Date
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